**V0041**         **V CODES INVALID AS <u>OTHER</u> DIAGNOSES**

<u>Guideline</u>:         Certain V codes are used as principal diagnoses when the goal of the hospital admission or other health care encounter is to obtain a specific limited service.

Donor V codes are for use on living individuals who are donating blood or other body tissue. These codes are not used to identify cadaveric donations.

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Diagnosis Table 3005 Only
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| ICD-9-CM Codes | ICD-9-CM Interpretations |
|---|---|
| V20 | Health supervision of infant or child |
| V58 | Encounter for other and unspecified procedures and aftercare |
| | ~~V58.0~~ ~~Radiotherapy (*see exception above*)~~ deleted 1/1/98 |
| | ~~V58.1~~ ~~Chemotherapy (*see exception above*)~~ deleted 1/1/98 |
| | V58.3 Attention to surgical dressings and sutures |
| | V58.5 Orthodontics |
| V59 | Donors |
| V68 | Encounter for administrative purposes |

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<u>References</u>:         ICD-9-CM Codebook, V Code Chapter, Notes at the beginning of the chapter.

Coding Clinic for ICD-9-CM, AHA, 4$^{TH}$ Quarter, 1996, pages 49-62; 4$^h$ Quarter, 1997, pages 47-51; 4$^{th}$ Quarter, 1998, pages 61-72.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73, 185-187; 1991, pages 67-77, 213-215; 1996, pages 71-77.

| | |
|---|---|
| V58 | Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1984, pages 5-8; May/June 1985, pages 12-13. |
| V58.0 | Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1987, page 13; 2nd Quarter 1990, pages 7-11; *4th Quarter 1993, page 36 (PRO)*; 2nd Quarter 1994, page 10. |
| V58.0 | JAMRA, August 1990, pages 29-31. |

**V0041**       **V CODES INVALID AS <u>OTHER</u> DIAGNOSES** - CONTINUED

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| References: | V58.1 | Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1987, page 8; 2nd Quarter 1990, pages 7-11; 3rd Quarter 1993, pages 3-4; *4th Quarter 1993, page 36 (PRO)*; 3rd Quarter 1994, page 13. |
| --- | --- | --- |
| | V58.1 | JAMRA, August 1990, pages 29-31. |
| | V58.3 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 7. |
| | V59 | Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 8. |
| | V59.0 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, pages 9-10. |
| | V59.3 | Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1985, page 15. |

**V0042**      **NEWBORN V CODES INVALID AS <u>OTHER</u> DIAGNOSES**

<u>Guideline</u>:      Categories V30-V39 can be used for principal diagnoses only -- never as a secondary code. Codes from this series are not assigned by the <u>receiving</u> facility when an infant born in another hospital is transferred during the perinatal period. In this instance, a code from V30-V39 series would have been assigned at the original facility and the condition necessitating the transfer would be coded as the principal diagnosis for the second admission. **A simple rule of thumb is that a code from categories V30-V39 should be assigned to a newborn only once.**

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Diagnosis Table 3005 Only
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| <u>Category</u> | <u>ICD-9-CM Codes</u> | <u>ICD-9-CM Interpretations</u> |
|---|---|---|
| Service | V30 | Single liveborn infant consuming health care |
| | V31 | Twin infant, mate liveborn, consuming health care |
| | V32 | Twin infant, mate stillborn, consuming health care |
| | V33 | Twin infant, unspecified mate, consuming health care |
| | V34 | Other multiple infant, mates all liveborn, consuming health care |
| | V35 | Other multiple infant, mates all stillborn, consuming health care |
| | V36 | Other multiple infant, mates live- and stillborn, consuming health care |
| | V37 | Other multiple infant, unspecified mate, consuming health care |
| | V39 | Unspecified liveborn consuming health care |

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<u>References</u>:      ICD-9-CM Codebook, V Code Chapter.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter, 1996, pages 49-62; 4[h] Quarter, 1997, pages 48-51, 4th Quarter, 1998, pages 61-72.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, page 207; 1991, page 239.

## ~~V0043~~        ~~MANAGEMENT SERVICE V CODES INVALID AS~~ ~~OTHER~~ ~~DIAGNOSES~~
*- effective change as of 10/1/96*

Guideline:    Certain services that represent an encounter for a service are not used as secondary codes. The V codes are divided into service and problem categories. The service "V" codes are used as principal diagnoses when the goal of the hospital admission or other health care encounter is to obtain a specific service.

Categories V51-V58 are used to indicate that the purpose for administering care is to consolidate treatment, to deal with a residual state, or to prevent recurrence in a patient previously treated for a disease that is not currently present. It is important to distinguish the situation from care for complications or problems that may develop and that require a code from the main classification. The codes for aftercare or management are ordinarily used for planned care, such as fitting and adjustment of a prosthetic device, attention to an artificial opening, removal of a fixation device, and adjunct therapy following more definitive treatment for a malignant neoplasm. Codes V57.x are not included in this edit at this time.

*Exception:   If there is a combination of admissions for chemotherapy (V58.1) and radiotherapy (V58.0) on the same record, then both codes are acceptable. This is effective with discharges 07-27-93.*

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Diagnosis Table 3005 Only
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| Category | ICD-9-CM Codes | ICD-9-CM Interpretations |
|----------|----------------|---------------------------|
| V51 | | Aftercare involving the use of plastic surgery |
| V56 | | Encounter for dialysis |
| | V56.0 | Extracorporeal dialysis |
| | V56.8 | Other dialysis |
| V58 | | Encounter for other and unspecified procedures and aftercare |
| | V58.0 | Radiotherapy (*see exception above*) |
| | V58.1 | Chemotherapy (*see exception above*) |
| | V58.4 | Other aftercare following surgery |
| | V58.8 | Other specified aftercare |

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Invalid Usage of Diagnosis Codes

~~V0043~~          ~~MANAGEMENT  SERVICE  V  CODES  INVALID  AS  OTHER  DIAGNOSES~~
~~CONTINUED~~ - *effective change as of 10/1/96*

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Diagnosis Table 3005 Only
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| Category | ICD-9-CM Codes | ICD-9-CM Interpretations |
|----------|----------------|--------------------------|
| Service  | V59            | Donors                   |
|          | V59.1          | Skin                     |
|          | V59.2          | Bone                     |
|          | V59.3          | Bone marrow              |
|          | V59.4          | Kidney                   |
|          | V59.5          | Cornea                   |
|          | V59.8          | Other specified organ or tissue |
|          | V59.9          | Unspecified organ or tissue |

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References:     ICD-9-CM Codebook, V Code Chapter.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73; 1991 pages 67-77.

Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1987, page 7.

| | |
|---|---|
| V51-V58 | CMRA Newsletter, May 1986, page 6. |
| V52 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 7. |
| V52.8 | CMRA Newsletter, July 1987, page 7. |
| V53 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 7. |
| V53.3 | Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 18; May/Jun 1987, page 8. |
| V53.3 | JAMRA, April 1980; August 1990, pages 29-31. |
| V54.8 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, pages 10 and 20; 3rd Quarter 1995, pages 3-4. |
| V55 | Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1995, page 13. |
| V56.0 | Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1984, page 3 1st Quarter 1993, page 29. |
| V56.0 | JAMRA, August 1990, pages 29-31. |
| V57 | Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 5; lst Quarter 1990, page 6. |
| V57.89 | JAMRA, April 1983, pages 45-46. |

**V0043** **MANAGEMENT SERVICE V CODES INVALID AS OTHER DIAGNOSES** ~~CONTINUED~~ - *effective change as of 10/1/96*

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| References: | V58 | Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1984, pages 5-8; May/June 1985, pages 12-13. |
|---|---|---|
| | V58.0 | Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1987, page 13; 2nd Quarter 1990, pages 7-11; 4th Quarter 1993, page 36 (PRO); 2nd Quarter 1994, page 10. |
| | V58.0 | JAMRA, August 1990, pages 29-31. |
| | V58.1 | Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1987, page 8; 2nd Quarter 1990, pages 7-11; 3rd Quarter 1993, pages 3-4; 4th Quarter 1993, page 36 (PRO); 3rd Quarter 1994, page 13. |
| | V58.1 | JAMRA, August 1990, pages 29-31. |
| | V58.3 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 7. |
| | V58.4 | Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1987, page 9. |
| | V58.4 | CMRA Newsletter, Jan 1986, pages 6-7. |
| | V58.8 | CMRA Newsletter, Jan 1986, pages 6-7;July 1987, page 13. |
| | V58.8 | Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1987, page 7; 2nd Quarter 1994, page 8. |
| | V59 | Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 8. |
| | V59.0 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, pages 9-10. |
| | V59.3 | Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1985, page 15. |

**V0044**     **FOLLOW-UP V CODES INVALID AS OTHER DIAGNOSES**

Guideline:     V codes for pregnancy are for use when none of the problems or complications listed in obstetrics chapter   exist (i.e. a routine prenatal visit or a postpartum care).   V22.0, Supervision of normal first pregnancy, and V22.1, Supervision of other normal pregnancy, are always listed first and are not to be used with any other code from the Obstetrics chapter; clue:  The code V22.2, Pregnant state, incidental, is a secondary code only for use when the pregnancy is in no way complicating the reason for the visit.

Code V24.0, postpartum care, is assigned as the principal diagnosis when a mother delivers outside the hospital prior to admission and is admitted for routine postpartum care and no complications are noted.

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Diagnosis Table 3005 Only
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| ICD-9-CM Codes | ICD-9-CM Interpretations |
|---|---|
| V22.0 | Supervision of normal first pregnancy |
| V22.1 | Supervision of other normal pregnancy |
| V24 | Postpartum care and examination |
| ~~V67~~ | ~~Follow up examination~~ discontinued 10/1/98 |

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References:     ICD-9-CM Codebook, V Code Chapter.

Coding Clinic for ICD-9-CM, AHA, 4[h] Quarter, 1996, pages 49-62; 4[h] Quarter, 1997, pages 47-51; 4th Quarter 1998, pages 61-72.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73; 1991, pages 67-77.

| | |
|---|---|
| V67 | Coding Clinic for ICD-9-CM, AHA, May/Jun 1985, page 10; Jul/Aug 1985, page 16; 4th Quarter 1998, pages 69-70. |
| V67 | JAMRA, June 1984; August 1990, pages 29-31. |
| V67.0 | Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, page 10. |
| V67.4 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 7. |
| V67.5 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 18. |
| V67.5 | JAMRA, October 1989, pages 19-20. |

**V0045**     **OBSERVATION AND EVALUATION V CODES INVALID AS OTHER DIAGNOSES**

Guideline:     A code from category V71 is assigned only as a principal diagnosis or reason for encounter, never as a secondary diagnosis. Codes from category V71 are assigned when inconclusive symptoms, signs, or other evidence of disturbed physiology warrant clinical observation and evaluation but the results of the observation and evaluation, do not substantiate the suspected condition.

Note that a code from category V71 is not assigned when a patient is admitted to the hospital immediately following the same-day (outpatient) surgery, even though the medical record may suggest that the admission is for observation. In this case, the code for the condition or problem or surgical aftercare that occasioned the postoperative admission is assigned as the principal diagnosis. Additional codes are assigned for the procedures performed and the condition that brought the patient to the outpatient surgery department.

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Diagnosis Table 3005 Only

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| ICD-9-CM Codes | ICD-9-CM Interpretations |
|---|---|
| V71 | Observation and evaluation for suspected conditions |
| V71.01 | Observation for suspected adult antisocial behavior |
| V71.02 | Observation for suspected childhood or adolescent antisocial behavior |
| V71.09 | Other suspected mental condition |
| V71.1 | Observation for suspected malignant neoplasm |
| V71.2 | Observation for suspected tuberculosis |
| V71.3 | Observation following accident at work |
| V71.4 | Observation following other accident |
| V71.5 | Observation following alleged rape or seduction |
| V71.6 | Observation following other inflicted injury |
| V71.7 | Observation for suspected cardiovascular disease |
| V71.8 | Observation for other specified suspected conditions |
| V71.9 | Observation for unspecified suspected condition |

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References:     ICD-9-CM Codebook, V Code Chapter.

Coding Clinic for ICD-9-CM, AHA, 4[h] Quarter, 1996, pages 49-62; 4[h] Quarter, 1997, pages 46-57; 4th Quarter, 1998, pages 61-72.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73; 1991, pages 67-77; 1996, pages 74-75.

**V0045 OBSERVATION AND EVALUATION V CODES INVALID AS <u>OTHER</u> DIAGNOSES** - CONTINUED

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References: 

| | | |
|---|---|---|
| V71 | Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1990, pages 5-6. |
| V71 | JAMRA, October 1989, pages 19-20. |
| V71 | CMRA Newsletter, Jan 1986, pages 6-7; Feb 1987, page 13. |
| V71 | Journal of CHIA, June 1993, pages 3-4. |
| V71 | Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, pages 10, 13; Mar/Apr 1986, page 8; Mar/Apr 1987, pages 1-5; Sep/Oct 1987, page 10; lst Quarter 1990, page 19; 4th Quarter 1994, page 47. |
| V71.1 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 21. |
| V71.7 | Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1990, page 10. |
| V71.8 | JAMRA, April 1980. |

**~~V0046~~ ~~OUTPATIENT SERVICE V CODES INVALID AS INPATIENT OTHER DIAGNOSES~~** - *effective change as of 10/1/96*

Guideline: Certain services that represent an encounter for a service are not used as secondary codes. Most of these are found with the ICD-9-CM "V" codes. The V codes are divided into service and problem categories. The service "V" codes are used as principal diagnoses when the goal of the hospital admission or other health care encounter is to obtain a specific service.

Some service "V" codes are correctly used as principal diagnosis, but only in an outpatient setting. It is illogical to assign these codes as inpatient other diagnoses.

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Diagnosis Table 3005 Only
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| Category | ICD-9-CM Codes | ICD-9-CM Interpretations |
|----------|----------------|--------------------------|
| Service | V20 | Health supervision of infant or child |
| | V20.1 | Other healthy infant or child receiving care |
| | V20.2 | Routine infant or child health check |
| Service | V24 | Postpartum care and examination |
| | V24.1 | Supervision of lactating mother |
| | V24.2 | Routine postpartum follow-up |
| Service | V25 | Contraceptive management |
| | *excludes:V25.2 Encounter for sterilization* | |
| | *excludes:V25.3 Encounter for menstrual extraction* | |
| Service | V26 | Procreative management |
| | *excludes:V26.0 Tuboplasty or vasoplasty after previous sterilization* | |
| Service | V28 | Antenatal screening |
| Service | V50 | Elective surgery for purposes other than remedying health status |
| | V50.3 | Ear piercing |
| | V50.8 | Other elective surgery for purposes other than remedying health states |
| | V50.9 | Unspecified elective surgery for purposes other than remedying health states |
| Service | V52 | Fitting and adjustment of prosthetic device |
| | *excludes:V52.9 Fitting and adjustment of unspecified prosthetic device* | |
| Service | V53 | Fitting and adjustment of other device |
| Service | V58 | Encounter for other and unspecified procedures and aftercare |
| | V58.2 | Blood transfusion, without reported diagnosis |
| | V58.3 | Attention to surgical dressings and sutures |
| | V58.5 | Orthodontics |
| | V58.9 | Unspecified aftercare |

**~~V0046~~** **~~OUTPATIENT SERVICE V CODES INVALID AS INPATIENT OTHER DIAGNOSES~~**-- *effective change as of 10/1/96*

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Diagnosis Table 3005 Only
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| Category | ICD-9-CM Codes | ICD-9-CM Interpretations |
|---|---|---|
| Service | V59 | Donors |
| | V59.0 | Blood |
| Service | V68 | Encounter for administrative purposes |
| Service | V70 | General medical examination |

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References:    ICD-9-CM Codebook, V Code Chapter.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989 pages 63-73; 1991, pages 67-77; 1994 pages 72-73.

| | |
|---|---|
| V20.1 | Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1989, page 14. |
| V26.2 | Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 15. |
| V25.43 | Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1992, page 24. |
| V51-V58 | CMRA Newsletter, May 1986, page 6. |
| V52 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 7. |
| V52.8 | CMRA Newsletter, July 1987, page 7. |
| V53 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 7. |
| V53.3 | Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 18; May/Jun 1987, page 8. |
| V53.3 | JAMRA, April 1980; August 1990, pages 29-31. |
| V54.8 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, pages 10 and 20; 3rd Quarter 1995, pages 3-4. |
| V58 | Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1984, pages 5-8; May/June 1985, pages 12-13. |
| V58.3 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 7. |
| V59 | Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 8. |
| V59.0 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, pages 9-10. |
| V70 | Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 13. |
| V70.3 | Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 6. |

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**V0047**      **EXAMINATION V CODES INVALID AS OTHER DIAGNOSES**

Guideline:      Categories V70 or V72 are assigned as the principal diagnoses when a patient is seen only for tests or other routine examinations when no problem, diagnosis, or condition is identified as the reason for the examination.

Codes from categories V70 or V72 should never be assigned as additional codes when a diagnosis from the main classification is the principal diagnosis.

Preoperative examination V codes are used for patients being cleared for surgery and no treatment is given.

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Diagnosis Table 3005 Only
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| ICD-9-CM Codes | ICD-9-CM Interpretations |
|---|---|
| V70 | General medical examination |
| V72 | Special investigations and examinations |
| V72.0 | Examination of eyes and vision |
| V72.1 | Examination of ears and hearing |
| V72.2 | Dental examination |
| V72.3 | Gynecological examination |
| V72.4 | Pregnancy examination or test, pregnancy unconfirmed |
| ~~V72.5~~ | ~~Radiological examination, not elsewhere classified~~ |
| ~~V72.6~~ | ~~Laboratory examination~~ |
| V72.7 | Diagnostic skin and sensitization tests |
| V72.8 | Other specified examinations |
| V72.81 | Pre-operative cardiovascular examination |
| V72.82 | Pre-operative respiratory examination |
| V72.83 | Other specified pre-operative examination |
| V72.84 | Pre-operative examination, unspecified |
| V72.85 | Other specified examination |
| V72.9 | Unspecified examinations |

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References:      ICD-9-CM Codebook, V Code Chapter.

Coding Clinic for ICD-9-CM, AHA, 4[h] Quarter, 1996, pages 49-62; 4[h] Quarter, 1997, pages 46-51; 4th Quarter, 1998, pages 61-72.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73; 1991, pages 67-77.

**V0047**       **EXAMINATION V CODES INVALID AS <u>OTHER</u> DIAGNOSES** - CONTINUED

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<u>References:</u>   V70          Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 13.
             V70.3        Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 6.
             V72          Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 13.
             V72.5        Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, pages 19-21.
             V72.5        JAMRA, October 1989, pages 19-20.
             V72.6        Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 22.
             V72.8        Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, pages 5-6, 10.

**~~V0048~~** **SCREENING EXAMINATIONS SERVICE V CODES INVALID AS ~~OTHER DIAGNOSES~~** - *effective change as of 10/1/96*

Guideline:    Certain services that represent an encounter for a service are not used as secondary codes. The V codes are divided into service and problem categories. The service "V" codes are used as principal diagnoses when the goal of the hospital admission or other health care encounter is to obtain a specific service.

Categories V73-V82 are provided for classifying screening examinations in defined population groups, such as community testing for glaucoma or tuberculosis. They are not appropriate for inpatient coding and are not assigned for encounters for individual tests. **These service "V" codes can correctly be used as principal diagnosis only in outpatient setting.** It is illogical to assign these codes as inpatient other diagnoses.

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Diagnosis Table 3005
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| Category | ICD-9-CM Codes | ICD-9-CM Interpretations |
|---|---|---|
| Service | V73 | Special screening examination for viral diseases |
| Service | V74 | Special screening examination for bacterial and spirochetal diseases |
| Service | V75 | Special screening examination for other infectious diseases |
| Service | V76 | Special screening for malignant neoplasms |
| Service | V77 | Special screening for endocrine, nutritional, metabolic, and immunity disorders |
| Service | V78 | Special screening for disorders of blood and blood-forming organs |
| Service | V79 | Special screening for mental disorders and developmental handicaps |
| Service | V80 | Special screening for neurological, eye, and ear diseases |
| Service | V81 | Special screening for cardiovascular, respiratory, and genitourinary diseases |
| Service | V82 | Special screening for other conditions |

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References:    ICD-9-CM Codebook, V Code Chapter.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73; 1991, pages 67-77.

**V0049**     **NORMAL PREGNANCY WITH DELIVERY CODE "650" INVALID AS <u>OTHER</u> DIAGNOSIS**

<u>Guideline</u>:     Code 650 is always a principal diagnosis. Code 650 is assigned only when labor and delivery as well as antepartum and postpartum periods are entirely normal.

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                                Diagnosis Table 3005 Only
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<u>ICD-9-CM</u>     <u>ICD-9-CM Interpretation</u>

650          Delivery in a completely normal case

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<u>Reference</u>:     ICD-9-CM Codebook, Tabular section, see note under code 650.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, Official OB Guideline 5.5, page 28.

AHA ICD-9-CM Coding Handbook, Faye Brown, RRA, 1989, page 181.

**V0050**      **INFECTION RESISTANT TO DRUGS**

Guideline:      This category is intended to indentify infections that have become resistant to the drugs commonly used to treat them. Codes from this category are assigned only as additional codes and only when the physician specifically documents an infection that has become drug resistant. Therefore, a code from category V09 should never be used as principal diagnosis.

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Diagnosis Table 3005 Only
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ICD-9-CM Codes          ICD-9-CM Interpretations

V09.xx                  Infection with microorganisms resistant to drugs

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References:      Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1993, pages 21-22; 3rd Quarter 1994, page 4, 4th Quarter, 1996, pages 49-62; 4th Quarter, 1997, pages 47-51; 4th quarter, 1998, pages 61-72.

ICD-9-CM Codebook, Tabular Section, Category V09, Coding Instructions under Notes.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994, page 92.

**V0051**     **OTHER DIAGNOSIS - UNSPECIFIED ADVERSE EFFECT**

Guideline:     Code 995.2, Unspecified adverse effect of drug, medicinal, and biological substance, should never be used in the inpatient setting.  The medical record should have some documented sign or symptom of what the adverse reaction is.  However, if there is no documented adverse reaction listed in the record, then assign code 796.0, Nonspecific abnormal toxicological findings.  Code 995.2 is permissible in the outpatient setting.

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Diagnosis Table 3005 Only
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ICD-9-CM Code          ICD-9-CM Interpretation

995.2                  Unspecified adverse effect of drug, medicinal, and biological substance

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References:          Coding Clinic for ICD-9-CM, AHA, 3rd Quarter, 1995, page 13; 3rd Quarter, 1997, page 16.

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# STOP!!!

## NEXT V-EDIT IS V0081